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Ending the HIV Epidemic in 2026: Current Frontiers in the Fight for Health Care Access

2026 is a challenging landscape for access to health care broadly, and for access to HIV prevention, treatment, and other supports specifically. States are working to implement work requirements in Medicaid, as required by Congress, that will make it more difficult for lower income people to access health care coverage. In his FY 2026 budget, President Trump proposed to cut over $1.5 billion in HIV-related funding and end various HIV prevention and surveillance efforts across the government. Just last week, the Florida Department of Health announced unnecessary changes to its AIDS Drug Assistance Program (ADAP) that will make it much more difficult for Floridians living with HIV to access medical care.

HIV advocates will have their work cut out for them in 2026: fighting to keep the programs we know to be effective and ensure they have the funding necessary to meet community needs; fighting to invest in the resources we have at hand to treat and prevent HIV; and fighting to ensure that our government sees our community and respects our humanity and potential.

As we kick off 2026, *Health Care in Motion* offers a brief overview of where we stand and what HIV advocates should keep in mind as we take on the new year. Make no mistake, we can end the HIV epidemic in the United States – but it will require a collaborative, persistent, and comprehensive effort.

Advocacy with the Administration: Access to HIV Treatment and Prevention

HIV treatment and prevention access remain crucial to ending the epidemic. Advancements in medicine and research have meant greater opportunity to support the health and quality of life of people living with HIV, and to prevent new transmissions. Antiretroviral therapy now includes more than 25 drugs with options for lesser pill burden and fewer side effects and long-acting injectable HIV products have revolutionized treatment for those who cannot or do not want to take daily oral medication. HIV prevention has also been revolutionized. Research has shown that when people living with HIV reach a consistent state of viral suppression, they cannot transmit the virus through sex—meaning that ensuring access to treatment for people with HIV is both critical for individual health and an important prevention strategy. Additionally, when taken as prescribed, HIV Pre-Exposure Prophylaxis (PrEP) can reduce the risk of getting HIV from sex by 99% and by injection drug use by 74%, making access to PrEP vital to ending the HIV epidemic. In recent years, tools to make PrEP more accessible to more people have proliferated—including FDA-approved daily oral and long-acting injectable regimens, and systems to deliver PrEP via telehealth and through pharmacist prescribing. All

of the above strategies to improve HIV health outcomes, prevent new transmissions, and end the HIV epidemic require consistent access to care for people living with HIV and those with reasons for prevention.

President Trump's first Administration recognized that despite enormous medical advances, gaps persist in HIV care and prevention, and that HIV continues to be a public health crisis when it simply doesn't need to be. In February 2019, Trump announced a new initiative in his State of the Union address: Ending the Epidemic: A Plan for America (EHE). His goal was to end the HIV epidemic in ten years.

Improving Access to PrEP

There are many efforts to bridge the gaps seen in PrEP usage and ensure that communities with high prevention needs have access to these medications. For example, advocates for a National PrEP Program have emphasized the need to make PrEP accessible and affordable to people without insurance. Other efforts have considered how PrEP efforts are framed and messaged to reflect community values. Some efforts focus on addressing costs and geographic availability and enforcing the requirement that most private insurance companies have to cover PrEP at no additional cost.

Seven years later – where do we stand? Numbers wise, not so great. The Administration had aimed for a 75% decrease in new HIV infections in 5 years, yet public health data shows only a 12% decrease between 2018 and 2022. Rather the doubling down and expanding the Ending the Epidemic focus to include more localities with more funding for evidence-based resources and interventions, this Administration has narrowed access to care through Medicaid, Medicare, and the ACA Marketplace—key sources of care for people living with HIV—and cut key programs and funding for HIV specifically. The Administration's restructuring plan for the Department of Health and Human Services (HHS) included the elimination of key offices involved in federal HIV prevention efforts and EHE coordination. As discussed above, the Administration has proposed significant cuts to HIV-related funding for FY 2026 and even floated shuttering the EHE initiative. As advocates continue to engage with the Administration around funding concerns and regulatory efforts to reduce access to care, we must continue to remind the Administration of the bold, necessary, and attainable goal to end the HIV epidemic, which Trump embraced during his first term.

Advocacy with Congress: Funding Key HIV Programs

Many programs that help people living with or vulnerable to HIV rely on federal funding. Federal funding can either be mandatory or discretionary. Mandatory spending is typically not dependent on regular Congressional action and is determined instead by eligibility rules. (For example, if a state enrolls someone living with HIV on Medicaid and the program meets federal requirements, the state will receive federal funds to help pay for their care. The payment is not contingent on Congress passing the annual budget.)

Programs that rely on discretionary funding on the other hand are tied to annual Congressional action; their funding comes through the appropriations process each year and is not guaranteed to meet their needs. This makes many HIV-specific programs subject to annual uncertainty. For example, the Ryan White HIV/AIDS Program (RWHAP), a national program that provides access to HIV primary care, medications, and other support services to over half of those in the US diagnosed with HIV, is one of the largest federal programs designed specifically for people living with HIV. Most of the program's clients are low-income, male, and people of color, and half are gay and bisexual men and other men who have sex with men. The program has

had incredible success in supporting viral suppression among its patients and underscores how programs designed specifically for the needs of people living with HIV can successfully support their health and wellbeing. Funding for the program is appropriated every year and requires significant advocacy on behalf of the HIV community. As negotiations continue over FY 2026 funding for Labor-HHS programs, including RWHAP, groups like the Save HIV Funding campaign and AIDS United are urging HIV advocates to continue to maintain pressure on Congress to protect access to care and related services for people living with HIV.

Advocacy for federal funding is necessary regardless of what political party holds the most power in Congress. Congress regularly sees new legislators and their offices are often hiring new staffers. The people closest to decision making power may lack knowledge about the issues most important to people living with HIV and they may not have a face to put with these budget line requests. In an era where the federal government is threatening the very existence of life-saving programs for people living with HIV, consistent advocacy is crucial.

Additionally, advocacy for federal funding is not just about getting new money, but also about ensuring that support for these programs does not waver and that our congressional champions do not become complacent. Level funding may sound like a win in some years – but after factoring in inflation, level funding is just a funding cut in disguise.

For 33 years, **AIDSWatch** has brought together HIV advocates, leaders, and allies to share their stories with members of Congress and fight for programs and policies that can help us end the epidemic. Join us this year, as we focus on "Defending Progress, Demanding Justice" in Washington, D.C. on March 16-18, 2026. Register today!

Advocacy with the Federal Government and the States: Seeing the Whole Person

HIV treatment and prevention cannot reach its full potential on its own. We need to see and treat the whole person and not expect the availability of medications alone to allow people to thrive. The identities and needs of people living with HIV and with reasons for HIV prevention are complex. For how can a person focus on health care if they have no secure space to sleep at night or store their medication? How can a person maintain a nutritious diet if they have no access to healthy food options or a kitchen to make and store meals? How can a person feel safe engaging with the health care system when they fear being mistreated due to their gender identity or worry they will encounter ICE while at a health care facility? Are we meeting people where

they are at and ensuring that nobody is falling through the gaps in our patchwork health care system? The Administration's recent attacks on access to gender affirming care, health care for immigrants, and services that protect the health of people who use drugs have made many of these issues even more challenging, but HIV advocates will continue pushing forward in 2026.

Additionally, people living with HIV have complex health needs, particularly when they are living with or at risk for multiple chronic illnesses. With more than 40% of people living with HIV in the U.S. now over age 55, many are facing age-related chronic conditions, such as cardiovascular diseases and various cancers. Health care for people living with HIV must be comprehensive and recognize that chronic illnesses such as HIV can complicate the treatment and management of other health concerns, and vice versa.

Addressing Systemic Issues

One cannot address the HIV epidemic without addressing how systemic injustice has shaped our health care system and the HIV movement. This includes confronting the social conditions that perpetuate stigma, criminalize people living with HIV, and create programs and systems without the meaningful involvement of people living with HIV. For more information about these issues, please read Demanding Better: An HIV Federal Policy Agenda by People Living with HIV and A Declaration of Liberation: Building a Racially Just and Strategic Domestic HIV Movement.

Unfortunately, recent policy developments on the state and federal level will likely make it more difficult for people living with HIV to get the holistic services they need to maintain their health. The final budget reconciliation package signed into law in the summer of 2025 requires states to implement work requirements in their Medicaid programs starting January 2027. While these requirements do not specifically target people living with HIV, there are many reasons why work requirements (or rather paperwork requirements) may have dangerous outcomes for people with chronic illnesses like HIV. We need to make sure that the rollout of work requirements on the state level does not inadvertently cause people living with HIV to lose their health care coverage or disrupt their connections to trusted providers and medications, in part by educating policymakers on why people living with HIV should be exempt from these requirements. These conversations need to be had with state leaders as they shape their work requirement implementation along with federal leaders.

Advocacy with State and Local Policymakers

HIV advocacy cannot just focus on the Trump Administration and Congressional budget requests. Community members need to stay engaged in local implementation of health laws and ensure these policies effectively protect people living with HIV and those with reasons for HIV prevention. For example, just days ago, the Florida Department of Health announced abrupt, dramatic changes to the state's ADAP program that could interrupt HIV care for more than 16,000 Floridians, cut off access to key HIV treatment regimens, and sow confusion and uncertainty for people with HIV and their providers. Florida HIV advocates are mobilizing to mitigate harm to community members as much as possible and to hold state leaders accountable.

This year, we will see many other examples of where state and local advocacy will be just as important as advocacy on Capitol Hill. Stay engaged with your communities and continue to watch this space to learn more about how you can be a part of the collaborative, persistent, and comprehensive effort we need to bring this country closer to ending the HIV epidemic.

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